**Miracle Academy Preparatory School**

1019 Bethel Road~ P.O. Box 47

Russellville, S.C. 29476

Telephone: 843-567-4644 Fax: 843-567-2495

**STATEMENT OF COOPERATION**

It is my understanding that the policy for the school is to make no refunds on registration fees. I give ***The Miracle Academy Preparatory School*** believes that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child’s teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles. I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against ***The Miracle Academy Preparatory School,*** or any employee or agent thereof, on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that ***The Miracle Academy Preparatory School*** or its agents should incur to defend itself against such actions. **The Miracle Academy Preparatory School** requires all families to volunteer a total of two hours per month or pay twenty dollars for volunteer service. It is my understanding that I will volunteer or pay the fee during each calendar month of the school year. I will also refrain from negatively discussing the **Miracle Academy Preparatory School on Social Media** and a violation of this will result in my child being expelled from the academy. I understand that the **Miracle Academy Preparatory School** has an open-door policy for me to discuss concerns as they relate to my child’s academics, spiritual, emotional, social, and psychological needs. However, the academy will have a closed-door policy in place due to COVID-19. I understand that my child’s safety is of the utmost concern and Miracle Academy will do everything within its power to keep a clean facility, ensure ample supplies are available for sanitation and disinfecting the facilities, implementing social distancing procedures, hand washing, to slow or prevent the spread on Corona Virus. I understand my job as a parent is to implement and follow similar measures when my child is not in school.

This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend ***The Miracle Academy Preparatory School. The Miracle Academy Preparatory School*** admits students of any race, color, and national or ethnic origin.

***Miracle Academy Nursery and Preparatory School*** **PARENT PERMISSION FORM FOR PHOTOS AND/OR VIDEOS:**

During the year at MAPS, students will be photographed and videotaped as a means of documentation. Occasionally, MAPS may use some of these photos and videos of a child or children for school-related purposes, such as school publicity, teacher training, or a slide show at a MAPS event. Miracle Academy also maintains a school website and Facebook page which provides information for prospective as well as current families. Photos of children engaged in school activities are a great way of conveying the true nature of our school - its philosophy, environment, daily activities, art materials, etc. NO child’s name will EVER be used on the web site without parents’ consent. A picture or video clip of your child will only be used for the purposes if you sign the written release below.

I give Miracle Academy Preparatory School and Nursery Center permission to use pictures or videos of my child(ren) for school-related purposes, such as school publicity, teacher training, web site, or a slide show at a MAP event.

List names and grades of children in ***Miracle Academy* Parent’s Signature- Both parents must sign**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**